

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90024 027 \*\*\*150.00

**DOCUMENT # P04000084765**

1. Entity Name  
**DILL'S REAL ESTATE MANAGEMENT, INC.**



Principal Place of Business  
**815 SOUTH DIXIE HIGHWAY WEST  
POMPANO BEACH, FL 33060**

Mailing Address  
**815 SOUTH DIXIE HIGHWAY WEST  
POMPANO BEACH, FL 33060**

**40008274**



2. Principal Place of Business  
**P.O. Box 10158**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 10158**  
Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State  
**Pompano Bch., FL**  
Zip  
**33061**  
Country  
**USA**

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**Pompano Bch., FL**  
Zip  
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**USA**

4. FEI Number  
**20-1179419**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

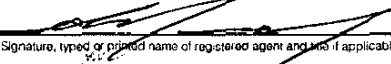
## 6. Name and Address of Current Registered Agent

**MOHAMMAD, DIL**  
**815 SOUTH DIXIE HIGHWAY WEST**  
**POMPANO BEACH, FL 33060**

## 7. Name and Address of New Registered Agent

Name  
**-Same-**  
Street Address (P.O. Box Number is Not Acceptable)  
**2754 W. Atlantic Blvd.**  
**Suite 1516**  
City  
**Pompano Bch., FL** Zip Code  
**33069**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOHAMMAD, DIL 815 SOUTH DIXIE HIGHWAY WEST POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-Same-</b> <b>-Same-</b> <b>2754 W. Atlantic Blvd. #1516</b> <b>Pompano Bch., FL 33069</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-20-05**

Date Daytime Phone #